

Name
in
Full

Leah Alice Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|----------------|---|-----------------|------------------|-----------|----------|--|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1908 | | Nov | 1 st | Age | 57 | | |
| Sex | Female | Color or Race | White | Birth-place | Crisfield | | |
| Occupation | Housekeeper | Where Residing if not at place of death | | " | | | |
| Married Single or Widowed | Widow | Name of Wife or Husband | | William J. Adams | | | |
| Father's Name | David Sterling | Father's Birthplace | | Crisfield | | | |
| Mother's Maiden Name | Rachael Lawson | Mother's Birthplace | | " | | | |
| Name of person giving Information | Amrie Riggins | How related to deceased | | Sister | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | |
|--|---------------------------|------------------------|--------------|
| Primary | Tuberculosis | How long | one year |
| Immediate | Exhaustion from diarrhoea | How long | 6 months |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | W. F. Hall |
| yes | | Address | Crisfield Md |
| Accident or Suicide | | no | |



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

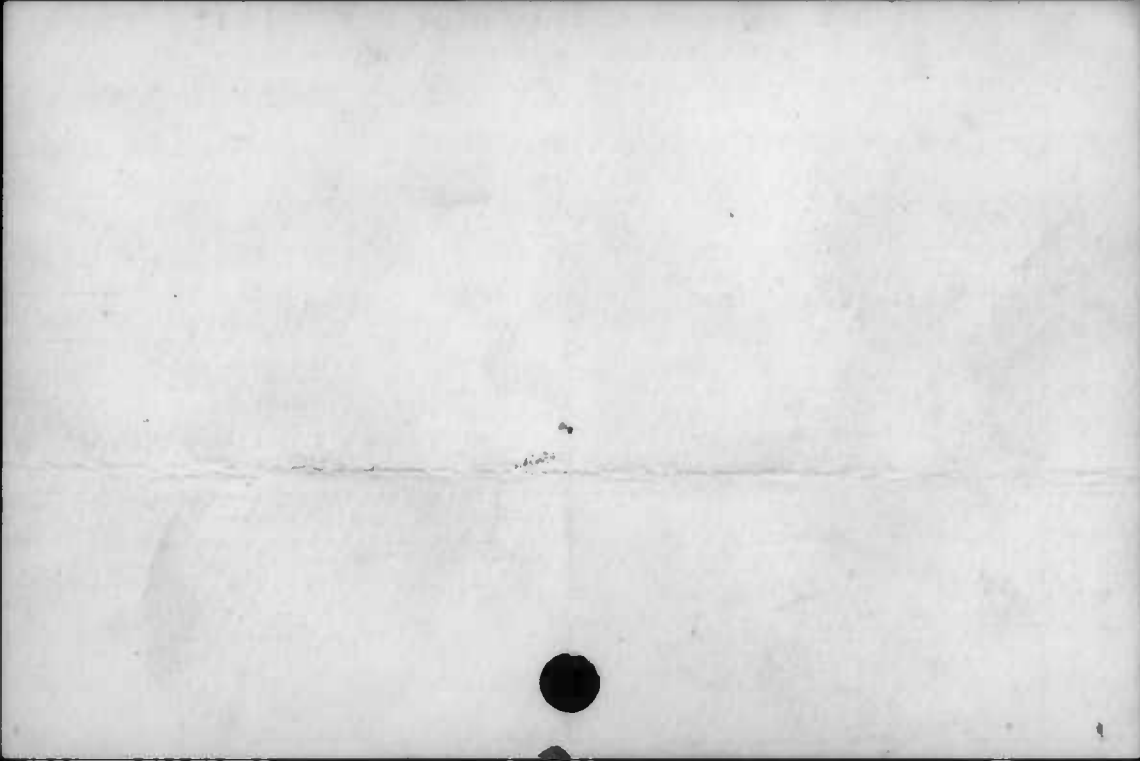
| | | | |
|---|---|------------------------------|---------------|
| Died at <i>Wd known</i> Town | | <i>Summit</i> County | |
| Date of death <i>1908</i> | Month <i>11</i> | Day <i>30</i> | Age <i>48</i> |
| Sex <i>Male</i> | Color or Race <i>African</i> | Birth-place <i>Summit Co</i> | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Cecie Anderson</i> | | |
| Father's Name <i>Isaac Anderson</i> | Father's Birthplace <i>Summit Co</i> | | |
| Mother's Maiden Name <i>Julie Rickett</i> | Mother's Birthplace <i>Summit Co</i> | | |
| Name of person giving information <i>James Silghman</i> | How related to deceased <i>Half brother</i> | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Hepatitis</i> | How long <i>3 years</i> |
| Immediate <i>Arteriosclerosis</i> | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H.A. Barnes</i> |
| | Address <i>Summit Co</i> |
| Accident or Suicide? | <i>P.F.D. No 2</i> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John anten
Crisfield

Town

Somerset
County

MARYLAND

Date

of death 1908

Month

Nov

Day

24

Years

Age 23

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Somerset Co

Married, Single
or Widowed

Single

Occupation

Waterman

Name of Wife or
HusbandFather's
Name

John anten

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Emma Johnson

Mother's
Birthplace

"

Name of person giving
In formation

John Smith

How related
to deceased

Seph father

CAUSES OF DEATH

Primary

Tuberculosis

How long

2 months

Immediate

Hemorrhages

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

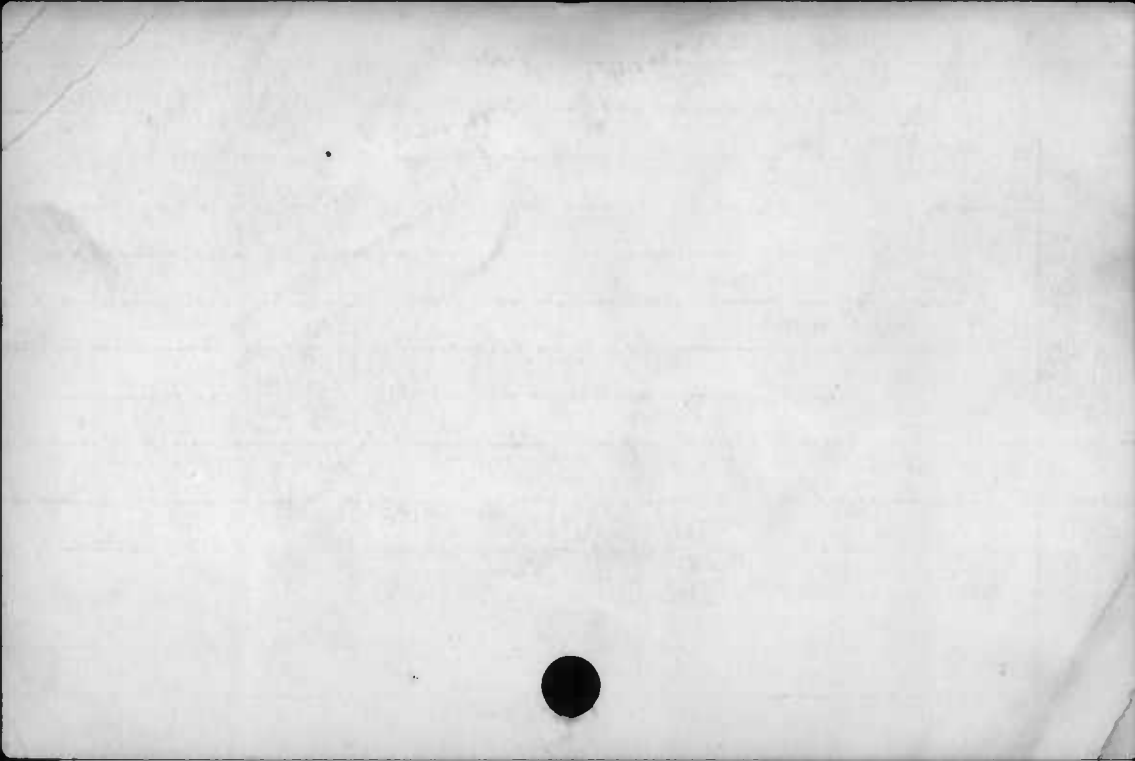
C. C. Ward

Address

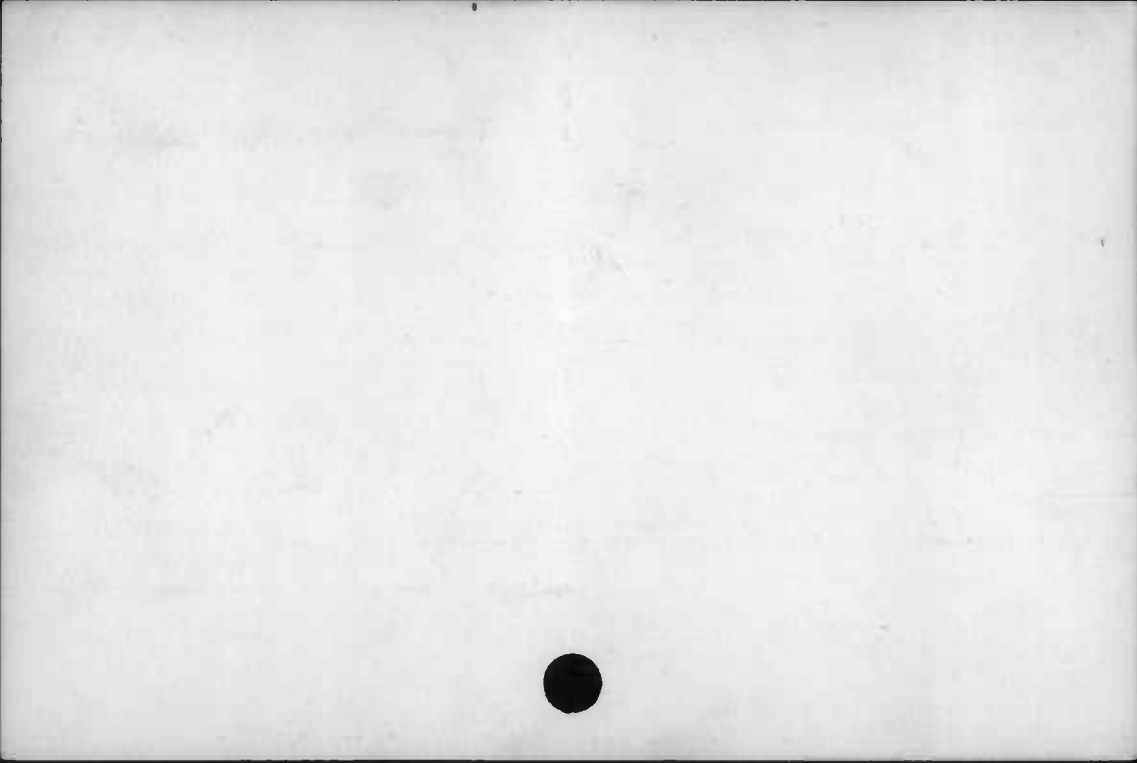
Crisfield

Accident or Suicide?

PHYSICIAN
OR CORONER



| Name in Full | | Mary Barnes | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|------------------|----------------|---|---|----------------------|-------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Chumey | | County Somerset | | MARYLAND |
| | Date of death | 1908 | Month Nov. | Day 1st | Age 55 | Years X | Months X |
| | Sex | Female | | Color or Race | Colored | | |
| | Occupation | | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | Married | | Name of Wife or Husband Jacob Barnes | | | |
| | Father's Name | Eugene Jones | | Father's Birthplace Soc. Co. | | | |
| | Mother's Maiden Name | Minnie | | Mother's Birthplace Soc. Co. | | | |
| | Name of person giving information | Samuel Wright | | How related to deceased None | | | |
| CAUSES OF DEATH | | | | | | | 43 |
| PHYSICIAN OR CORONER | Primary | Cancer of breast | | | | How long | 4 years |
| | Immediate | Asthma | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician J. J. Winters, M.D. | | |
| | Accident or Suicide? | | No | | Address Soc. Co., Md. | | |



Name
in
Full

George Handy Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|--|-------------|-----------------------------|-----------|----------|------|
| Died at | | Town Kings Creek | | County Somerset | | MARYLAND | |
| Date of death | | 1908 | Month 11 | Day 17 | Age 69 | Months | Days |
| Sex Male | | Color or Race African | | Birth-place Somerset Co. | | | |
| Occupation Farmer | | Where Residing if not at place of death Kings Creek | | | | | |
| Married, Single or Widowed Married | | Name of Wife or Husband Laura Collier | | | | | |
| Father's Name Unknown | | Father's Birthplace Somerset Co. | | | | | |
| Mother's Maiden Name Milly Full | | Mother's Birthplace Somerset Co. | | | | | |
| Name of person giving information Sam Collier | | How related to deceased Son | | | | | |

CAUSES OF DEATH

| | | | |
|-----------|----------------------|------------------|-----------|
| Primary | Cerebral Haemorrhage | (64) How long | Two Hours |
| Immediate | | How long | |

PHYSICIAN
OR CORONER

| | | | |
|--|-----|------------------------|---------------------|
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Chas. W. Wainwright |
| | | Address | Princeton, Tenn |
| | | | md |
| Accident or Suicide? | | | |



Name
in
Full

Edward W. Leaf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

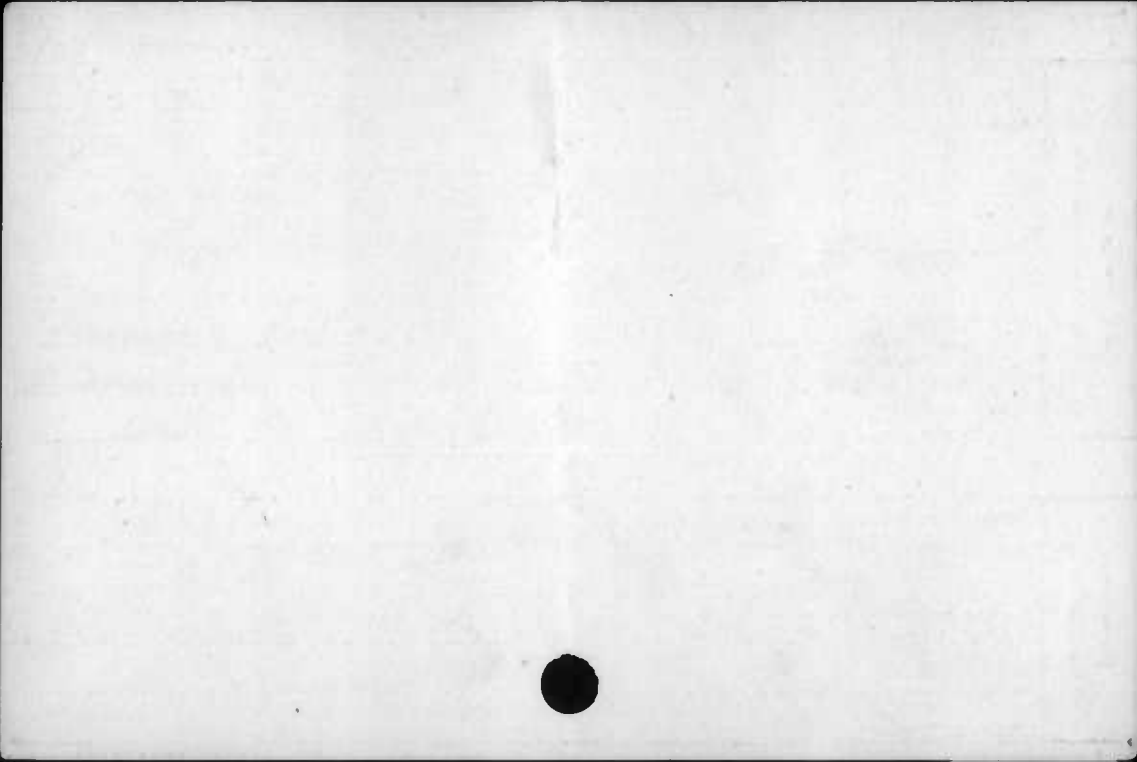
| | | | | | |
|-----------------------------------|-------------------------|---|-------------------------|-----------------|--------------|
| Died at <u>Tainmouth</u> Town | | <u>Somerset</u> County | | MARYLAND | |
| Date of death | 1908 | Month | November | Day | 27 |
| Age | 32 | Years | 7 | Months | 10 |
| Sex | Male | Color or Race | White | Birthplace | Tainmouth Md |
| Occupation | Seaman | Where Residing if not at place of death | | Tainmouth | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Elijah Gof | | Father's Birthplace | Somerset Co. Md | |
| Mother's Maiden Name | Caroline Muir | | Mother's Birthplace | Tainmouth Md | |
| Name of person giving information | George H. Ford | | How related to deceased | Brother-in-law | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|--------------------|----------|
| Primary | Bright's disease | How long | 6 months |
| Immediate | Heart trouble | How long | 3 weeks |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | Dr Edward S. Miles | |
| Address | | Upper Tainmouth Md | |
| Accident or Suicide? — | | | |



Name
in
Full

Mary Cropper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

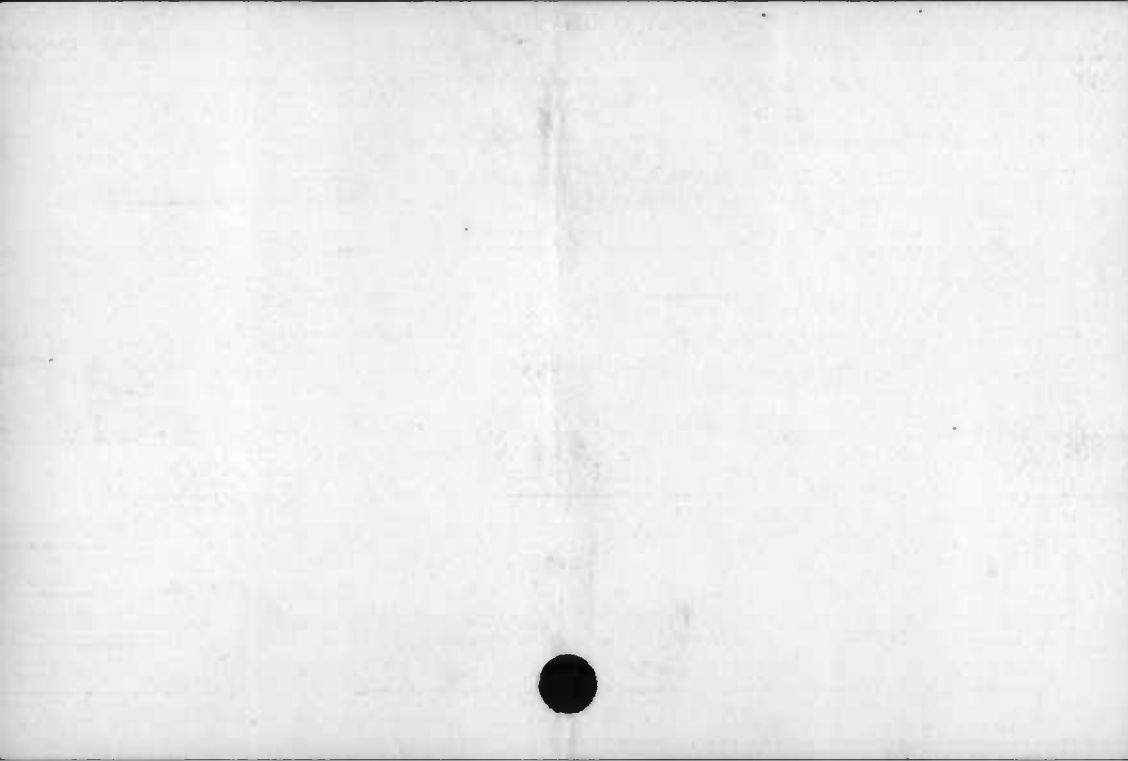
| | | | | | | | |
|--------------------------------------|--|------------------------------|-------------|--|-------|----------------------------|------|
| Died at | | Town Pocomoke, (near) | | County Somerset. | | MARYLAND | |
| Date of death | | Month Nov. | Day 3rd. | Age * 7 | Years | Months 14 | Days |
| Sex Female | | Color or Race Colored. | | Birth- place Somerset Co. | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | | John Cropper. | | | | Father's Birthplace | |
| Mother's Maiden Name | | Maggie Collington | | | | Mother's Birthplace | |
| Name of person giving Information | | Henry Kirkwood. | | | | How related to deceased | |
| | | | | | | None | |

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

| | | | |
|---|------------------|---------------------------|---------|
| Primary | Blow to Stomach. | How long | 3 hrs. |
| Immediate | Chy embolism. | How long | 12 hrs. |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Address | | J. K. C. [Signature] | |
| Accident or Suicide? | | Pocomoke Md. | |
| Accident | | | |



| | | | |
|--|--|---|--|
| Name in Full Oliver J. Ford | | CERTIFICATE OF DEATH | |
| Died at Fairmount <small>Town</small> | | Somerset <small>County</small> | |
| Date of death 1908 <small>Month</small> Nov <small>Day</small> 26th <small>Years</small> 54 | | MARYLAND <small>Months</small> — <small>Days</small> — | |
| Sex male <small>Color or Race</small> White | | <small>Birth-place</small> Fairmount | |
| <small>Occupation</small> Carpenter & Bookman | | <small>Where Residing if not at place of death</small> — | |
| <small>Married, Single or Widowed</small> M- | | <small>Name of Wife or Husband</small> Emma Ford | |
| <small>Father's Name</small> Wm. E. Ford | | <small>Father's Birthplace</small> Somerset | |
| <small>Mother's Maiden Name</small> Rebecca Durham | | <small>Mother's Birthplace</small> A. A. for | |
| <small>Name of person giving information</small> Geo W. Revell | | <small>How related to deceased</small> Nephew | |
| CAUSES OF DETH | | | |
| 74 | | | |
| <small>Primary</small> Supposed to be Tumor of Brain | | <small>How long</small> about 3 years | |
| <small>Immediate</small> — | | <small>How long</small> — | |
| <small>Are the name, age, sex, color, date and place correctly given above?</small> yes | | <small>Signature of Physician</small> G. E. Dickinson | |
| | | <small>Address</small> Upper Fairmount Md. | |
| <small>Accident or Suicide?</small> | | | |



Name
in
Full

A. Hampson Green

CERTIFICATE OF DEATH

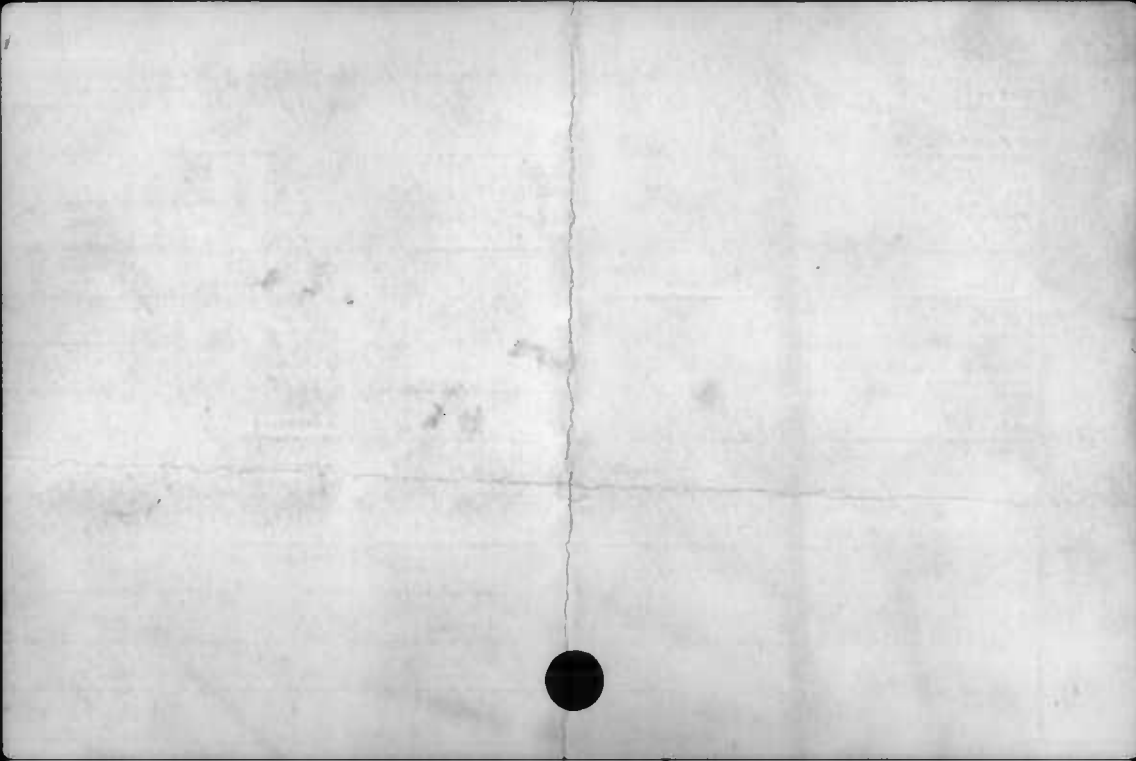
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|--|---------------------------|----------|--|-------------|----------|-----------|
| Died at | | Town Princess Anne | | County Somerset | | MARYLAND | |
| Date of death | | Month Nov | Day ✓ | Age 40 | Months 9 | | Days — |
| Sex Male | | Color or Race White | | Birth- place Ind | | | |
| Occupation Farmer | | | | Where Residing if not at place of death Same | | | |
| Married, Single or Widowed | | Married | | Name of Wife or Husband Daisy B Pope | | | |
| Father's Name | | Alix Green | | Father's Birthplace | | Ind | |
| Mother's Maiden Name | | Not known | | Mother's Birthplace | | Ind | |
| Name of person giving In formation | | Matthew Melson | | How related to deceased | | None | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|-----------------------|------------|--------|
| Primary | Typhoid Fever | How long | 12 dyp |
| Immediate | Intestinal Hemorrhage | How long | 48 hrs |
| Are the name, age, sex, color, date and place given above? | | Yes | |
| Signature of Physician | | R. H. Hays | |
| Address | | Waco | |
| Accident or Suicide? | | No | |



Name
in
Full

William Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Waverly* Town*Somerset* County

MARYLAND

Date
of death *1908*Month
*11*Day
11

Age

Years
60

Months

Days

Sex

*Male*Color or
Race*Colored*Birth-
place*Somerset Co*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Susan Hall*Father's
Name*Heiter Hall*Father's
Birthplace*Somerset Co*Mother's
Maiden Name*Legett*Mother's
Birthplace*Somerset Co*Name of person giving
In formation*Benny Backley*How related
to deceased*Son in law*

CAUSES OF DEATH

*(120)*PHYSICIAN
OR CORONER

Primary

Nephritis

How long

4 years

Immediate

Uremia

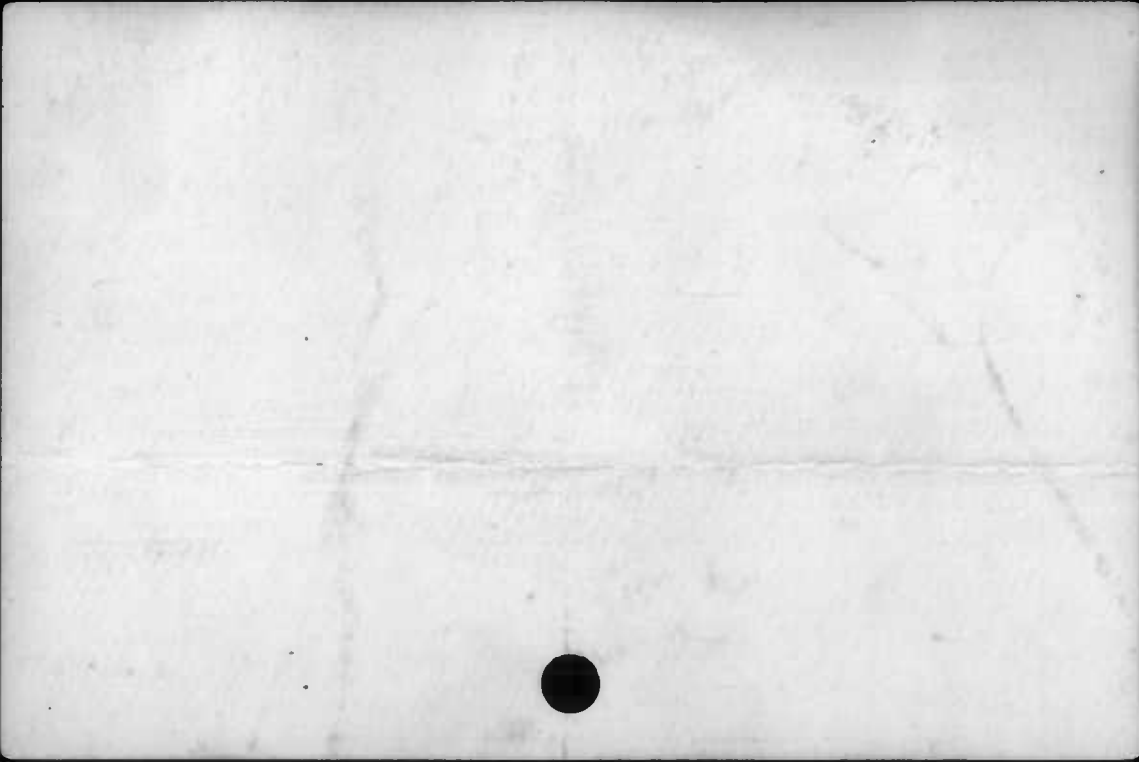
How long

*3 months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*H. B. Barnes*

Address

*Waverly, W. Va.**Route 2*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Gladys Hayman

Died at

Town

W. Vernon

County

Somerset

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

11

19

Age

7

7

5

Sex

Female

Color or
Race

Black

Birth-
place

Somerset Co

Occupation

School child

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Ephraim Hayman

Father's
Birthplace

Somerset Co

Mother's
Maiden Name

Honey Dennis

Mother's
Birthplace

Somerset Co

Name of person giving
In formation

Ephraim Hayman

How related
to deceased

Father

CAUSES OF DEATH

167

Primary

Extracorporeal surgery from clothing
Shock

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

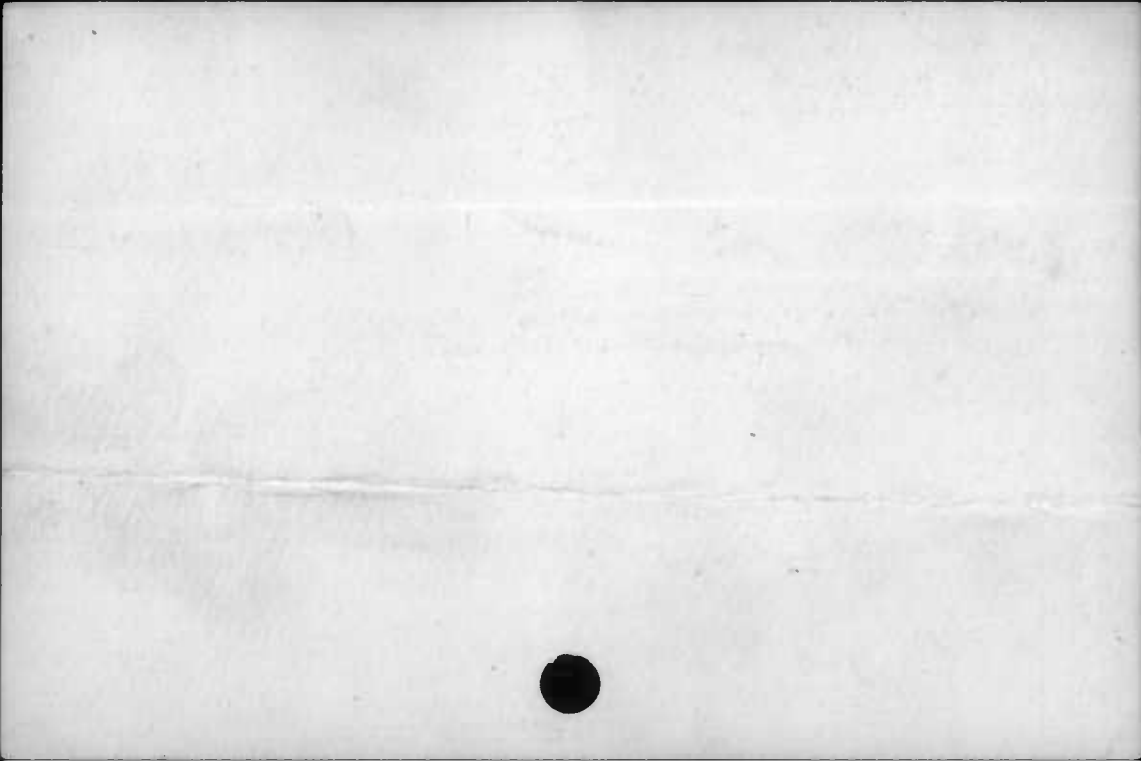
Address

H. A. Barner M.D.
Vigors Avenue
P.F.D. No 2

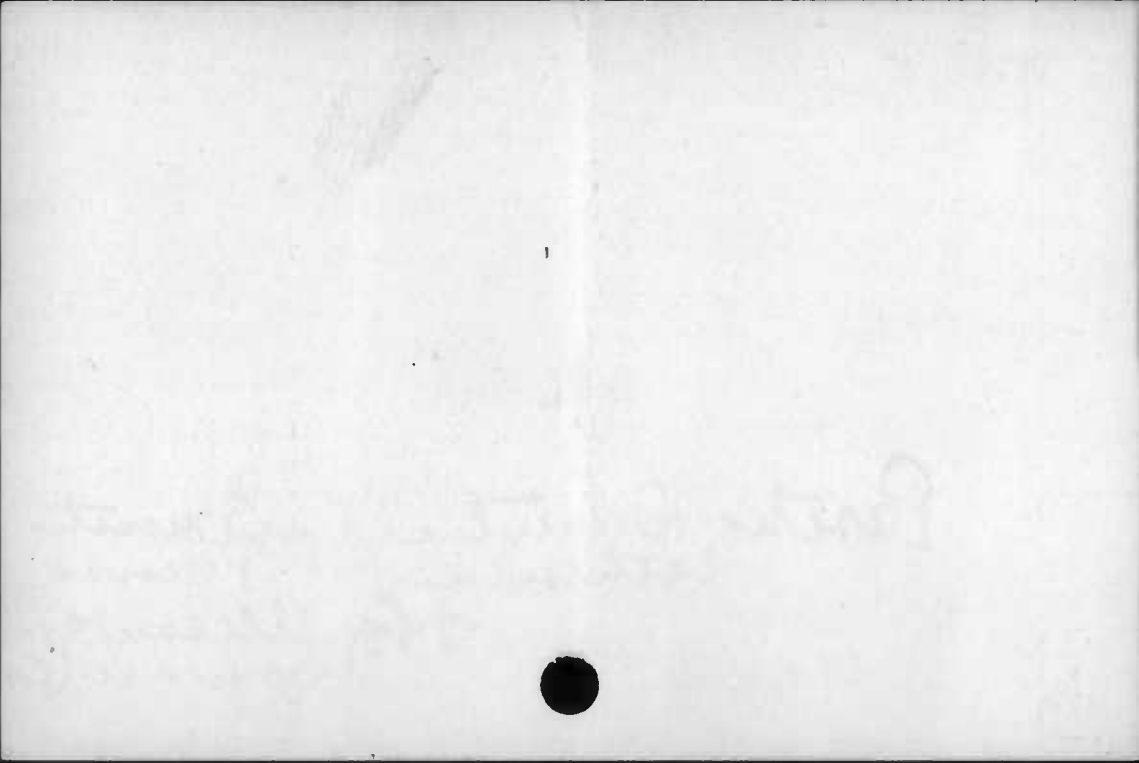
Accident or Suicide?

Accident

PHYSICIAN
OR CORONER



| Name in Full | | Percy Jones | | | | CERTIFICATE OF DEATH | |
|--|--|-----------------|----------|-------------------------|---|-----------------------------------|--------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Deals Island | | Somerset | | MARYLAND | |
| | Date of death | 1908 | Month 11 | Day 7 | Age — | Months 6 | Days — |
| | Sex | Male | | Color or Race | Black | | Birth-place |
| | Occupation | — | | | Where Residing if not at place of death | Deals Island | |
| | Married, Single or Widowed | — | | Name of Wife or Husband | — | | |
| | Father's Name | Eddie Jones | | | | Father's Birthplace | Deals Island |
| | Mother's Maiden Name | Alice Lee | | | | Mother's Birthplace | Balto |
| Name of person giving information | Eddie Jones | | | | How related to deceased | Father | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">104</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Stomach Trouble | | | | How long | 4 Months |
| | Immediate | Aschemia | | | | How long | 2 days |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | Geo B. Brown | |
| | Accident or Suicide? | | No | | Address | Sub Registrar Deals Island, Md | |



Name
in
Full

CERTIFICATE OF DEATH

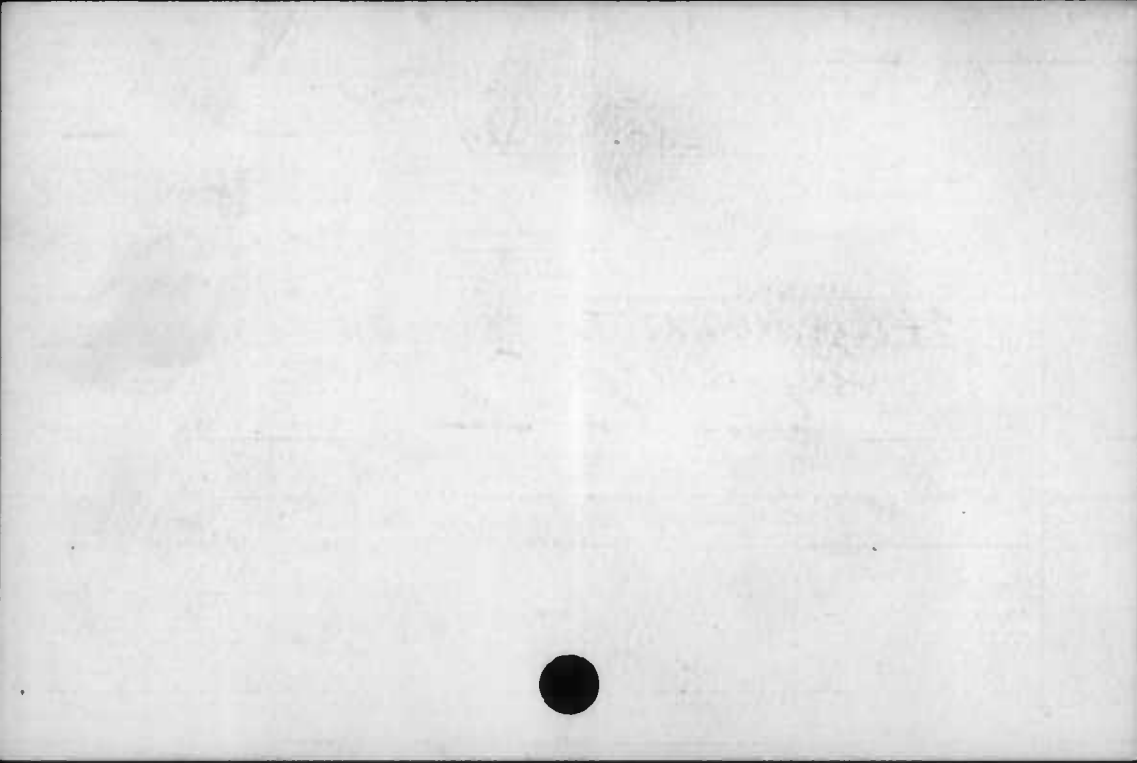
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|------------------------|---------------------------------------|----------|------|
| Died at <i>Deals Island</i> Town | | County <i>Somerset</i> | | MARYLAND | |
| Date of death <i>190</i> | Month <i>11</i> | Day <i>25</i> | Years <i>49</i> | Months | Days |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Deals Island</i> | | |
| Occupation <i>House wife</i> | Where Residing if not at place of death <i>Deals Island</i> | | | | |
| Married, Single or Widowed <i>Widowed</i> | Name of Wife or Husband | | | | |
| Father's Name <i>Henry Cottman</i> | Father's Birthplace <i>Somerset Co</i> | | Mother's Birthplace <i>Wicomico "</i> | | |
| Mother's Maiden Name <i>Susan Waters</i> | Name of person giving information <i>Susan Cottman</i> | | How related to deceased <i>Mother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Parotic Dementia</i> | How long <i>3 months</i> |
| Immediate <i>Asthenia</i> | How long <i>1 month</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Dr. Alexander</i> |
| <i>Yes.</i> | Address <i>Somerset Co</i> |
| Accident or Suicide? | |



Name
in
Full

May Pacull

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

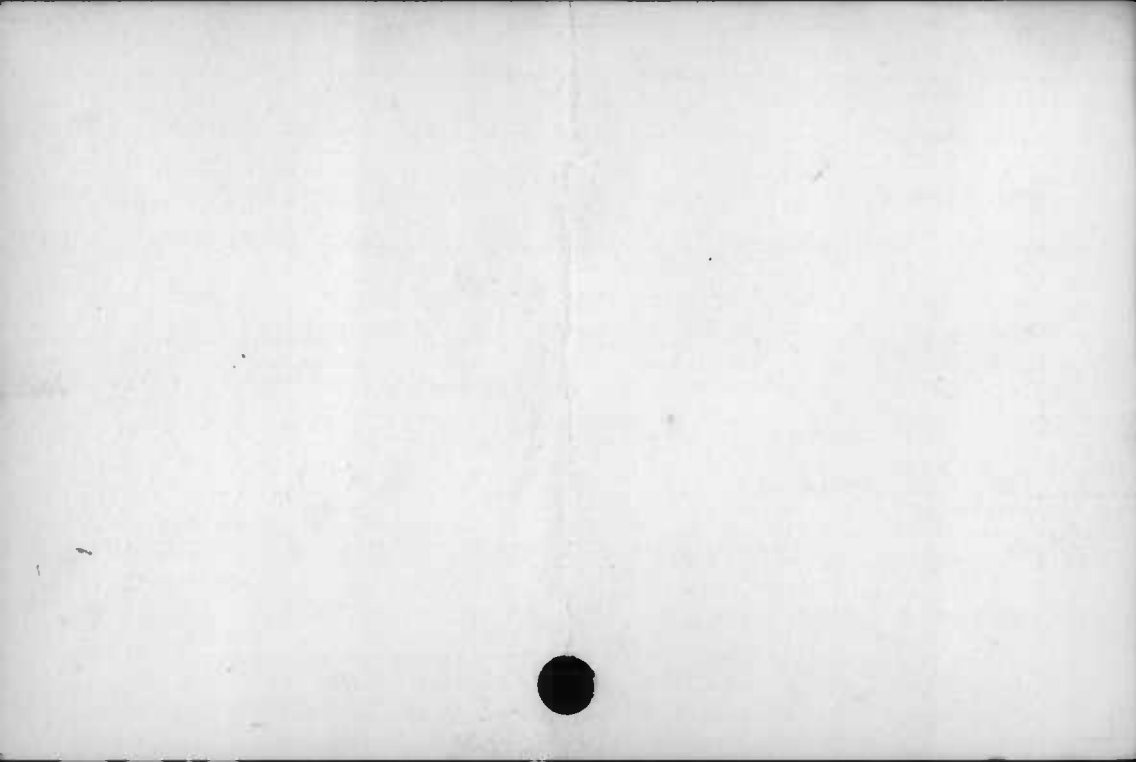
| | | | | | | | |
|---|--|----------------------------------|---------------|--|----------------|-----------------|---------------|
| Died at <i>Papillon</i> | | Town <i>Papillon</i> | | County <i>San Mateo</i> | | MARYLAND | |
| Date of death <i>1907</i> | | Month <i>Nov</i> | Day <i>14</i> | Age <i>4</i> | Years <i>4</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>md.</i> | | | |
| Occupation <i>Child</i> | | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed <i>S.</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Rome Powell</i> | | | | Father's Birthplace <i>Md.</i> | | | |
| Mother's Maiden Name <i>Bessie Carter</i> | | | | Mother's Birthplace <i>Md.</i> | | | |
| Name of person giving information <i>Robley Longfield</i> | | | | How related to deceased <i>wife</i> | | | |

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

| | | |
|---|---------|--|
| Primary <i>Burn of arm</i> | By fire | How long <i>4 weeks</i> |
| Immediate <i>Acute inflammation</i> | | How long <i>2 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Chas. F. Smith, M.D.</i> |
| | | Address <i>Princess Anne, Md.</i> |
| Accident or Suicide? <i>—</i> | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

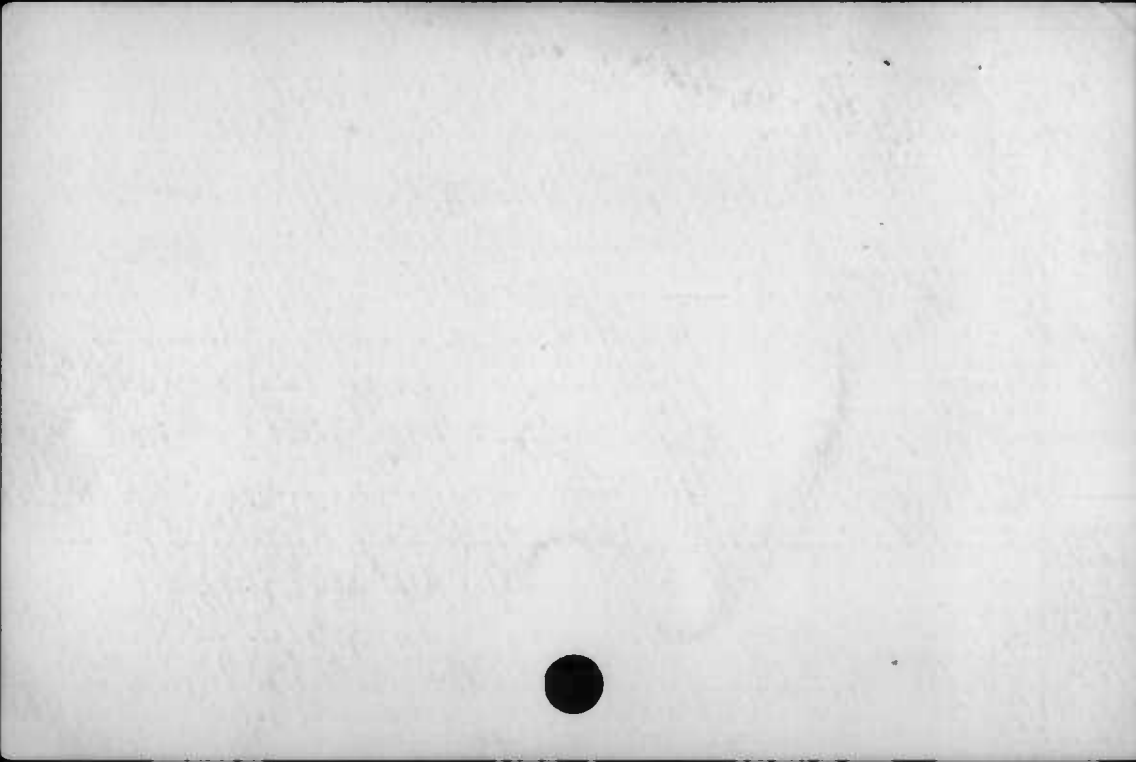
| | | | | | | | | | |
|--|--|---|--|---|--|-----------------------|--|--------|------|
| Name in Full <i>Amanda J. Stevens</i> | | Town <i>Leisfield</i> | | County <i>Somerset</i> | | MARYLAND | | | |
| Died at | | Month <i>11</i> | | Day <i>12</i> | | Years <i>72</i> | | Months | Days |
| Date of death <i>1908</i> | | Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Pa</i> | | | |
| Occupation <i>Housewife</i> | | | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>Husband dead</i> | | | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Unknown</i> | | | | | | | |
| Name of person giving information <i>G. J. Humourson</i> | | How related to deceased <i>None</i> | | | | | | | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | |
|---|--------------------------|---|
| Primary | <i>Bright's Disease</i> | How long <i>2 years</i> |
| Immediate | <i>Renalgia of Heart</i> | How long <i>100 months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>G. J. Humourson</i> |
| | | Address <i>Leisfield Maryland</i> |
| Accident or Suicide? | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *John Emory Gull* Town *Lawsonia* County *Somerset* Maryland

Died at *Lawsonia*

Date of death 1908 Month *Nov* Day *1* Age *60* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Gull*

Father's Name *Nathan Gull* Father's Birthplace *Maryland*

Mother's Maiden Name *Emeline Parker* Mother's Birthplace *MD*

Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Acute Tuberculosis* How long *3 months*

Immediate *Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. F. Hall* Address *Amfield MD*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

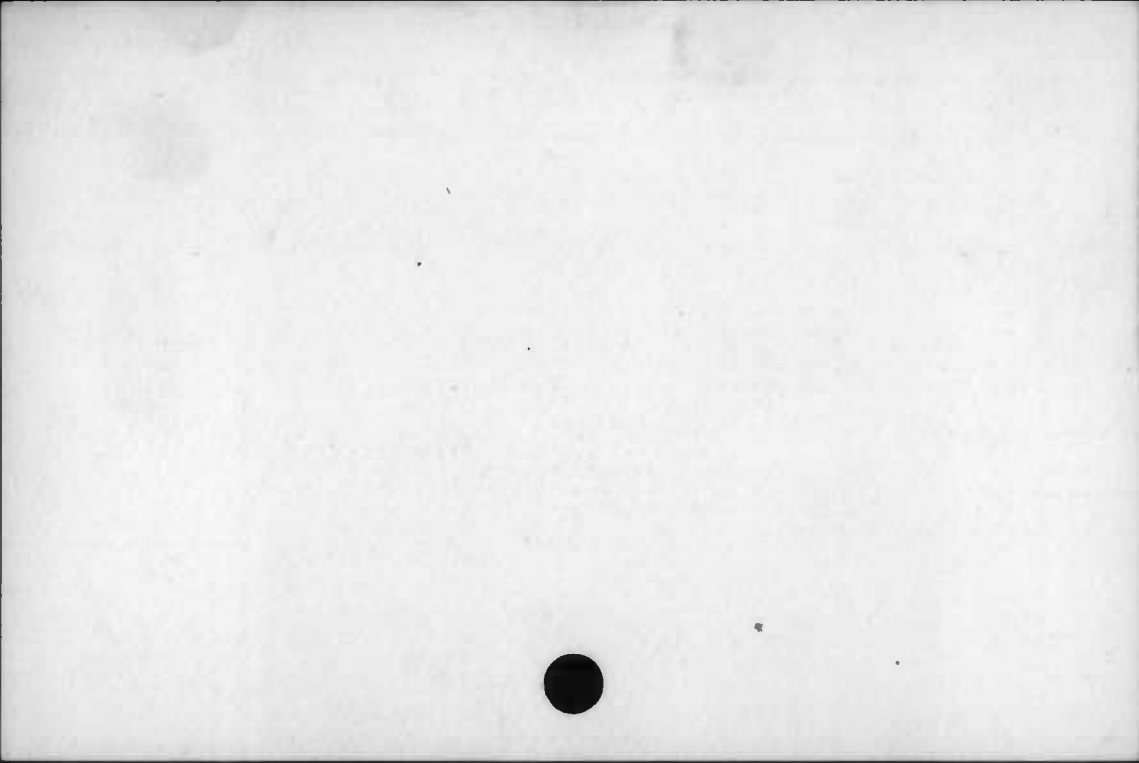
| | | | | | | | |
|-----------------------------------|------------------------|------------------|----------------------------------|--|----|-------------------------|----------------|
| Died at <i>Perry Haven</i> | | Town <i>West</i> | | County <i>Dorchester</i> | | MARYLAND | |
| Date of death | 1908 | Month | Nov | Day | 25 | Age | Years <i>✓</i> |
| | | | | | | Months | 3 |
| | | | | | | Days | — |
| Sex | <i>Female</i> | | Color or Race | <i>white</i> | | Birth-place | <i>red.</i> |
| Occupation | <i>✓</i> | | | Where Residing if not at place of death <i>✓</i> | | | |
| Married, Single or Widowed | <i>✓</i> | | Name of Wife or Husband <i>✓</i> | | | | |
| Father's Name | <i>Cyrus West</i> | | | | | Father's Birthplace | <i>red.</i> |
| Mother's Maiden Name | <i>Esther E. Brown</i> | | | | | Mother's Birthplace | <i>red.</i> |
| Name of person giving information | <i>Father</i> | | | | | How related to deceased | |

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|------------------------|-------------------------------|
| Primary | <i>Left Pulse</i> | How long | <i>from Birth</i> |
| Immediate | <i>Infection</i> | How long | <i>Progressive</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>William T. Fisher M.D.</i> |
| | | Address | <i>Princeton, Conn. N.H.</i> |
| Accident or Suicide? | | | |



Name
in
Full

Unknown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Deals' Island* Town*Somerset* CountyDate of death *1908* Month *Nov* Day *28*Age *dont* No

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*dont* NoOccupation
*Waterman*Where Residing if not
at place of death, *Aboard Ship*Married, Single
or Widowed *dont* NoName of Wife or
Husband*dont* NoFather's
Name *dont* NoFather's
Birthplace *dont* NoMother's
Maiden Name *dont* NoMother's
Birthplace

" "

Name of person giving
In formation*Geo B. Horner J.P.*How related
to deceased*son*

CAUSES OF DEATH

176

Primary *Murdered -**murdered and thrown
into Chesapeake Bay.*How long
*supposed to have been*Immediate *dont* No*jury's verdict.*How long
*dead at least 6 weeks*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Geo B. Horner J. P.*

Address

*Deals' Island Md.*Accident or Suicide? *Homicide.*

(over)

a Jury of inquest was held over this
dead man. a postmortem Examination
showed this man had been mur-
dered and thrown into the Chesapeake
Bay. So rendered a verdict by
the Jury."